



**STATE OF NEW HAMPSHIRE**  
**2017 Statement of Income and Expenses**  
**for LOBBYISTS**  
**(RSA Chapter 15)**

**AMENDED**

**PLEASE PRINT**

**I. Name of Lobbyist(s)** Kevin Bourque

**II. Name of lobbyist's partnership, firm or corporation, if any:**

N/A

(Name of partnership, firm or corporation)

|                                |                         |         |                    |
|--------------------------------|-------------------------|---------|--------------------|
| 125 Washington Street, Suite 1 | Foxboro                 | MA      | 02035              |
| Business Address: (Street)     | (Town/City)             | (State) | (Zip Code)         |
| (508) 698-4994<br>(Telephone)  | (508) 698-4990<br>(Fax) | e-mail  | kbourque@phrma.org |

**III. This statement covers: (Choose one – file separate reports for each client, OR you may file a separate report for reportable expense transactions which are not attributable to any one client).**

All reportable transactions occurring in the months prior to the reporting date relative to the following client:

**Pharmaceutical Research and Manufacturers of America (PhRMA)**

(Full Name of Client as it appears on the Lobbyist Registration Form)

**OR**

All reportable transactions by the lobbyist (including the lobbyist's family), or the lobbying firm listed below which are unrelated to any particular client.

**IV. Date of Report**  April 26, 2017

July 26, 2017

*Reports cover: activity from date of registration to 3/31/17*

*activity from 4/1/17 to 6/30/17*

October 25, 2017

January 31, 2018

*activity from 7/1/17 to 9/30/17*

*activity from 10/1/17 to 12/31/17*

**V. There have been no fees received and no reportable transactions made since the last report.**

*If this box is checked, complete just this form and submit it to the Secretary of State's Office, State House, Room 204, Concord, NH 03301.*

**VI. Check if additional reports are attached:**

If you have received fees or made expenditures, you must file **Addendum A– Fees and Expenses**

If you have paid an honorarium or reimbursed expenses, you must file **Addendum B– Report of Honorariums or Expense Reimbursement**

If you, your firm, or your family has made political contributions, you must file **Addendum C– Political Contributions**

**Sworn Statement/Affirmation by Lobbyist**

I have read RSA 15, RSA 15-B, RSA 14-C and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.

(Signature of lobbyist)

**Kevin Bourque**

(Print Name of Lobbyist)

1/24/18

(Date)

**RECEIVED**

JAN 26 2018

**NEW HAMPSHIRE  
DEPARTMENT OF STATE**



**STATE OF NEW HAMPSHIRE**      **AMENDED**  
**Lobbyists Report of**  
**Political Contributions**  
**Addendum C**  
**(RSA Chapter 15:6)**

P I. Name of Lobbyist(s) Kevin Bourque

L

**E II. Name of lobbyist's partnership, firm or corporation, if any:**

**N/A**

(Name of partnership, firm or corporation)

P. III. Name of Client: Pharmaceutical Research and Manufacturers of America (PhRMA) Date: 10/11/2017

**P** Name of Client \_\_\_\_\_ Date \_\_\_\_\_

## I Political Contributions

N For each political contribution that is reportable pursuant to RSA Chapter 664 paid on behalf of the  
T client/lobbyist and lobbying firm, indicate the following:

**Full name of candidate:** \_\_\_\_\_ **Please see attached**

|             |              |                       |
|-------------|--------------|-----------------------|
| (Last Name) | (First Name) | (Middle Name/Initial) |
|-------------|--------------|-----------------------|

**Amount of contribution \$** **Office Candidate is Seeking**

If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate."

Full name of candidate: \_\_\_\_\_

**Amount of contribution \$** \_\_\_\_\_ **Office Candidate is Seeking**

If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate."

**Amount of contribution \$** \_\_\_\_\_ **Office Candidate is Seeking** \_\_\_\_\_

# AMENDED



**STATE OF NEW HAMPSHIRE**  
Lobbyists Report of  
Political Contributions  
**Addendum C**  
(RSA Chapter 15:6)

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| <b>Name of Candidate:</b> | <b>Amount:</b> | <b>Office sought:</b> |
|---------------------------|----------------|-----------------------|
| Lou D'Allesandro          | \$250.00       | Senate                |
| Ruth Ward                 | \$250.00       | Senate                |

*State of New Hampshire*  
*Signature Form for Associated Lobbyist*  
*RSA Chapter 15*

AMENDED

Use this form to swear or affirm the truth and completeness of  
Income and Expense Statements and related Addendums.

**Sworn Statement/Affirmation by Lobbyist**  
**Statement of Income and Expenses for:**

Name of Lobbying partnership, firm, or corporation: Kevin Bourque

Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any particular client): Pharmaceutical Research and Manufacturers of America (PhRMA)

**Date of Report (check one):**

April 26, 2017  July 26, 2017  October 25, 2017  January 31, 2018

I have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and the following Addendums submitted with that Statement (insert the number of Addendum forms being submitted):

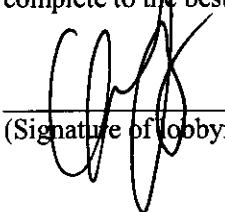
0 Addendum A(s).

0 Addendum B(s).

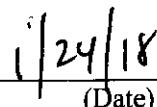
1 Addendum C(s).

I hereby swear or affirm that the foregoing information on the Statement and each Addendum is true and complete to the best of my knowledge and belief.

(Signature of lobbyist)

  
\_\_\_\_\_  
Kevin Bourque

(Print Name of lobbyist)

  
\_\_\_\_\_  
(Date)

If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate."

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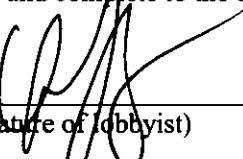
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(If more than three contributions were made, report additional contributions on separate addendum C forms.)

**Sworn Statement/Affirmation by Lobbyist**

I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.

  
(Signature of lobbyist)

Kevin Bourque

(Print Name of lobbyist)

1/24/18  
(Date)